

South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

Nurse Aide Application for Re-Approval of Training Program

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD-44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing 722 Main Street, Suite 3 Spearfish, SD 57783

	-
Name of Institution: Beile Fourche Healthcare Center Address: 2200 13th	
Belle Fourche SD 57717	
Phone Number: 605 - 892 - 333 Fax Number:	
E-mail Address of Faculty: bfox @ mission health care. org	
Select option(s) for Re-Approval: Request re-approval without changes to program coordinator, primary instructor, supplemental personnel or curriculum 1. List personnel and licensure information 2. Complete evaluation of the curriculum	
 Request re-approval with faculty changes and/or curriculum changes List personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel Complete evaluation of the curriculum Submit documentation to support requested curriculum changes 	

List Personnel and Licensure Information:

Program Coordinator must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)

Tempo de la composição de	FIF Whit		RNLIC	ENSE	
Name of Program Coordinator	State	Number	Expiral Date	ion	Verification
Brenda Fox RN	50		0 11/26		Marie S. T. a. T. W.
☐ If requesting new Program Coordinator, a	ttach curri	culum vita, res	sume, or work	history	00111

Primary Instructor must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)

Name of Pamary Instructor. State Number: Expiration Verification Date (completed by SDBON).		RN OR LPN LICENSE
Date (Completed by SDBON)	Name of Primary Instructor	State Number Expiration Verification
		Date (Completed by SDBON)
Brenda Fox AN Same as Above	Brends Fox AN	Same as Above

If requesting new Primary Instructor, attach curriculum vita, resume, or work history, and attach documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

<u>Supplemental Personnel</u> may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) *If requesting new Supplemental Personnel*, attach curriculum vita, resume, or work history.



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Supplemental Personnel & Credentials	State	Number	Expiration	Verification (Completed by SIRON)
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 Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

Standard	Yes	No
Program was no less than 75 hours.		
 Provided minimum 16 hours of instruction prior to students having direct patient contact. 	V	
 Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor. 	V	
Provided instruction on each content area (see ARSD 44:04:18:15):		
Básic nursing skills	V	
Personal care skills	V	
Mental health and social services	1	
Care of cognitively impaired clients	V	
Basic restorative nursing services	/	
Residents' rights	V	
 Students did not perform any patient services until after the primary instructor found the student to be competent 	V	
 Students only provided patient services under the supervision of a licensed nurse 		
 Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association). 	~	

3.	Su	ubmit [Documentation to Support Requested Curriculum Changes:
Nan	ne of C	Course (of applicable): Red Cross Nurse Aide Program - We Care Or
A va	ariety o	of teach	Ing methods may be utilized in achieving the classroom instruction such as independent study, video nline instruction. ence list of teaching materials utilized (include name of book or resource, publisher, publication date, etc).
Sub	Behav Curric	viorally : culum, c A minin	ation that supports requirements listed in ARSD 44:04:18:15, including: stated objectives with measurable performance criteria for each unit of curriculum objectives and agenda documenting the requirements for the minimum 75 hour course as follows: num of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include: Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights.
		A minin	num of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective ne instructor ratio may not exceed eight students for one instructor.
		Instruc	tion in each of the following content areas (see ARSD 44:04:18:15 for more detail): Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients;
			Personal care skills, including: bathing; grooming, including mouth care; dressing; tolleting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;



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		Mental health and social services, including:	responding appropriately to behaviors; awareness of
		developmental tasks associated with aging p	rocess; respecting personal choices and preserving client
		dignity, and recognizing sources of emotions	ll support;
			g: communication and techniques for addressing unique
	-	needs and behaviors;	and annual of anciety a device in transferring, ambulation
		Basic restorative nursing services, including:	self-care; use of assistive devices in transferring; ambulation, ng and positioning in bed and chair; bowel and bladder care
		and training; and care and use of prosthetic	and outputic devices.
		Pacidents' rights, including: privacy and cool	fidentiality; self-determination; reporting grievances and
		disputes: participating in groups and activitie	es; security of personal possessions; promoting an
		environment free from abuse, mistreatment,	and neglect and requirement to report; avoiding restraints.
		2 4 1	0 \
Drogram	Coord	linator Signature: Brendo-Fox	Date: 5-1-12
rrogram	40010		
This sect	ion to	be completed by the South Dakota Boar	d of Nursing
		- May 7. 200	D. L. A. Fastica Daviadi
V		n Received: /// 2) 2012	Date Application Denled: Reason for Denlal:
Date Ap		2.7.7	Reason for Denial.
		of Approval: MAY 2014	
Board Re		nt to Institution: May 9, 2013	
Date NO	uce sei	it w Institution. They , solo	

Brenda L. Fox RN

921 Summit Street

Belle Fourche, SD 57717

Phone Number

605-723-6616

E-mail Address

foxden2@rushmore.com

Certified Nurse Aide Trainer

Objective

Education

September 1979 - May 1981 Presentation College Aberdeen South Dakota

Associate Degree in Nursing

Work experience

PRN Staff RN / PRN Staff Education

February 2005 to present

Belle Fourche Health Care Center Belle Fourche, South Dakota

INSERVICE COORDINATOR

September 1998 to August 2004

Bethesda Home of Aberdeen Aberdeen, South Dakota

SUB-ACUTE/LONG TERM CARE STAFF NURSE

1996-1998

Beverly Enterprises

Rapid City and Ipswich South Dakota

CARDIAC REHAB / HOME HEALTH

1997-1998

Southern Hills General Hospital Hot Springs South Dakota

PATIENT SERVICES COORDINATOR

1995-1996

PSI Heathcare INC. Hot Springs South Dakota

Certifications

Certified Nurse Aide Trainer Certification Medication Aide Trainer Certification

Management Service Partners, Inc.

certifies that

Brenda L. Fox

on December 15, 1998

completed the video and correspondence for TRAIN THE TRAINER VIDEO WORKSHOP SERIES approved by the South Dakota Nurse Aide Education Task Force

Rhonda Nankivel

Rhonda Nankivel, Program Coordinator Management Service Partners, Inc.

Belle Fourche Heathcare Center

Fax Cover Sheet
To: SD Board of Nursing
Location: Stalls SD
Date: 4-3-12 Pages (including this page):
Fax 605-362-2768
Subject: Rest of Cort information.
From: Brenda Fox
Department: Sauce
Fax # (605) 723-0204 Phone #: (605) 892-3331
Reference Red Cross instructor Course - Updated Jersion Reference Willizing
Reference 1 is used as primary source - Utilizing
Reference to used as primary source - Utilizing Moveried Activitys, worksheets and lecture materials
List & in this program.
, V
In conjunction - Skills Voff forms et Updated Red Cross Nurse Aide DVD Skills viewing.
/ Skills viewing.

Encolinen ts Transcripts

(Version: 1,0)

Certification Detail: HSCAR803-Norse Assistant Training (r.09) Instructor

Courses Currioud Certifications

Cesaription

Individuals with this certification are certified to leach courses from

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21 1995

the Murse Assistant (r.03) program.

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Brenda Fox



Thy Calendar

EN NY Account

Welcome Anna Stuard

For Help Call 1-890-REDCROSS (1-889-733-2767).

Log Out

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Expiration Dates 06/30/2012

American Red Cross

Authorized Provider Agreement

This Authorized Provider Agreement ("Agreement") effective as of March 1, 2011 ("Effective Date") is between

Black Hills Chapter (The "Chapter")

and

Belle Fourche Healthcare Center
(The "Authorized Provider" or "AP")

The Chapter is a unit of the American National Red Cross, a not-for-profit corporation chartered by an act of U.S. Congress, the principal place of business of which is located at 1221 North Maple Avenue, Rapid City, SD, 57701, and among other things, provides first aid, CPR, aquatics, water safety, HIV/AIDS prevention education, mission-related caregiving and other health and safety education programs.

The principle place of business of the AP is located at: 2200 13th Avenue, Belle Fourche, SD, 57717;

The Chapter desires to work with the AP to provide American Red Cross training in the jurisdiction set forth in Section 4 below.

In consideration of the statements, terms and conditions contained within this Agreement, the Chapter and the AP (the "Parties"), intend to be bound by this Agreement and agree to the following:

1.0 Responsibilities of the Chapter:

The Chapter shall:

- 1.1 Support the health and safety education of the AP's employees, members, and/or clients in the AP's provision of American Red Cross training Courses ("Courses") at the fees set forth in <u>Appendix A</u>. The guaranteed AP fees set forth in <u>Appendix A</u> shall include record keeping, certificate processing, administration, promotional assistance, and support services ("AP Fee"). Any Additional Services ("Additional Services") may be available for additional fees as outlined in <u>Appendix A</u>. Fees in <u>Appendix A</u> may change pursuant <u>Section 3.0</u>.
- 1.2 Train all potential instructors from the AP to teach the Courses at the fees ("Training Fees") set forth in Appendix A so long as such instructors meet the American Red Cross training prerequisites. These potential instructors shall be authorized as American Red Cross Health and Safety instructors upon successful completion of the training and upon signing an Agreement to teach the Courses. A complete list of the AP's instructors is set forth in Appendix B, which shall be unilaterally modified by the Chapter in the event instructors are added or deleted. Fees in Appendix A may change pursuant Section 3.0.
- 1.3 Upon request and depending on availability: (a) subject to Paragraph 2.10, use best efforts to provide the AP with equipment that the AP does not possess which is necessary for an instructor to provide the Course(s) as listed, and at the rental fees, set forth in Appendix A ("Equipment and Supplies"); and (b) provide the Course Materials ("Course Materials") and Instructor Materials ("Instructor Materials") as set forth in Appendix A. If the fees in Appendix A change the Chapter will notify the AP a minimum of 90 days prior to implementation. Fees in Appendix A may change pursuant Section 3.0.
- 1.4 Maintain all Course Records ("Course Record") provided to the Chapter by an instructor for a period of five (5) years following the date of the Course.
- 1.5 Support and evaluate the instructors by providing them with the following: (a) Applicable policies and procedures and any revisions or modifications thereto; (b) Upon expiration of an instructor's authorization, reauthorize such instructors so long as such instructors meet American Red Cross reauthorization

requirements; and (c) Opportunities for volunteer and professional skill development with the Chapter.

- 1.6 Provide invoice to the Authorized Provider within 30 days unless otherwise specified in <u>Appendix A</u>, for the fees related to the Courses, equipment rental, and Course/Instructor Materials, Additional Services, training, and retraining of Course Participants ("Course Participants") as set forth in <u>Paragraph 1.9</u> below.
- 1.7 Verify all instructor authorizations and notify the AP in the event an instructor is no longer authorized to teach Courses.
- 1.8 Throughout the term of this Agreement (as defined in <u>Paragraph 5.1</u>), maintain a close and ongoing supportive relationship with the AP and its instructors by contacting the AP a minimum of 2 times per year.
- 1.9 If during any phase of evaluation, the training conducted by an AP's instructor is found to be below minimum American Red Cross standards for that Course and the Chapter determines that retraining is required for the participants that attended the Course where training was found to be below minimum standards, the retraining will be conducted by the Chapter. The AP will be responsible for the cost of retraining as outlined in Paragraph 2.4. The Chapter will invoice the AP for the cost of the training at the amount equal to the published full service contract price or the training price minus the cost of books and materials the Course Participants may already have. The Chapter also reserves the right to suspend or withdraw the authorization of an instructor for due cause. Due cause generally means that the instructor does not or will not abide by the standards, policies, or procedures of the Red Cross and its programs or in some way abuses the position of an authorized Red Cross instructor. Some examples follow here but are by no means exhaustive; each case is reviewed individually, taking into account all relevant circumstances. Examples are
 - a. An instructor refuses to teach a nationally standardized Course according to the guidelines and Course requirements or is found to be deficient in either knowledge or performance skills.
 - b. An instructor falsifies records or provides false information to the Chapter.
 - c. An instructor consistently fails to communicate his or her teaching activity in an appropriate way to the Chapter (e.g., does not notify the Chapter when a Course is to be taught, does not process Course Record forms within 10 working days, and so forth).
 - d. An instructor exhibits behavior inconsistent with standards established and agreed to in the Instructor Agreement and expected of a Red Cross instructor, as indicated by repeated poor evaluations from participants, or behaves in ways that participants find offensive or insulting (e.g., making sexual advances or telling racially, socially, or sexually insensitive jokes).
 - e. An instructor behaves in ways that do not reflect support for the American Red Cross as an organization and that, in fact, could harm the public perception of the American Red Cross in the community.
 - f. An instructor is convicted of a violent or serious crime, such as sexual molestation, embezzlement, assault, or any crime that calls into question his or her teaching or leadership responsibilities.
- 1.10 Designate Russ Korzeniewski, Director of Programs and Services, as a representative of the Chapter to act as a point of contact to the AP at the address and telephone number set forth in Section 7 below ("Chapter Representative") and notify the AP within 90 days if that individual changes.
- 1.11 Unless otherwise indicated on the Course Record, arrange for completed Course certificates to be delivered to the AP at the address set forth in Section 7 within ten (10) business days after receipt of a properly completed Course Record.
- 1.12 As needed and upon request, provide the AP with any American Red Cross promotional materials for use by the AP in promoting the Courses.

2.0 Responsibilities of the AP:

The AP shall:

2.1 Identify qualified instructor candidates to be trained and authorized as instructors and inform the Chapter

when it becomes aware of any modifications that should be made to Appendix B.

- 2.2 Support each instructor's compliance with American Red Cross policies and procedures by ensuring that such Instructors: (a) Are available to participate in periodic training, retraining or other related events throughout the term to gain and maintain sufficient levels of skill, knowledge and understanding to conduct the Courses; (b) Supply only American Red Cross Course Materials for use during the Courses, (c) Provide visual identification of the American Red Cross name and emblem during the Courses using materials provided or approved by the Chapter; and (d) Submit properly completed Course Records and Course evaluation forms to the Chapter within ten (10) business days of Course completion unless special arrangements are made with the Chapter.
- 2.3 With respect to the Course Participants: (a) Notify Course Participants that they will be participating in American Red Cross Courses in accordance with American Red Cross standards; (b) In advance of each Course, provide Course Participants with information about Course prerequisites, completion requirements, and other necessary information; (c) Ensure that Course Participants who have successfully met the Course prerequisites, objectives, and certification requirements receive American Red Cross certificates.
- 2.4 Reimburse the Chapter for retraining of Course Participants conducted pursuant to <u>Paragraph 1.9</u>. The cost of the retraining will be at the amount equal to the published full service contract price minus the cost of books and materials the Course Participants may already have.
- 2.5 Provide payment to the Chapter within 30 days of an invoice date unless otherwise specified in Appendix A.
- 2.6 Provide to the Chapter the names and copies of the authorizations of any previously authorized Red Cross instructors that are new to the AP at least ten (10) days before the instructor teaches a Course in order for the Chapter to ensure that such instructor is qualified to be the instructor.
- 2.7 Notify the Chapter of dates, times, and locations for each Course at least 10 days before the Course start date.
- 2.8 Refrain from revising, editing, or duplicating any materials, in whole or in part, including, but not limited to Course videos, for teaching Courses or for any other purpose, unless specifically approved in writing by the American National Red Cross. Requests for any modifications to the materials are to be channeled through the Chapter. The AP understands and agrees that all such promotional materials must be provided by the Chapter, or approved by the Chapter in advance of publication.
- 2.9 Obtain the materials in quantities sufficient for each Course Participant to have and retain his or her own copy. Course workbooks, textbooks and/or skills cards cannot be used for more than one Course Participant unless permission to do so is granted by the Chapter in writing. Authorized Providers conducting training in more than one Red Cross Chapter jurisdiction will not be granted rights to reuse workbooks, textbooks and/or skills cards for more than one Course Participant.
- 2.10 Maintain responsibility for the equipment and promptly return such equipment to the Chapter in the same condition the equipment was received by the AP. The AP shall be responsible for the cost of any damage to such equipment while in the possession of the AP. Upon receipt and inspection of the equipment, the AP shall report to the Chapter any equipment in need of service, repair, or replacement.
- 2.11 Be responsible for all claims and liabilities of any nature whatsoever that arise out of an AP offered Red Cross Course. Red Cross insurance does not extend to the AP or its instructors. Therefore, it is the responsibility of the AP to obtain adequate insurance to cover its operations and Course instruction.
- 2.12 Designate Brenda Fox, Instructor, as a representative of the AP to act as a point of contact to the Chapter at the address and telephone number set forth in Section 7 below and notify the Chapter within 30 days if that individual changes. In the event the AP has multiple facilities, the individuals set forth in Appendix C shall serve as additional points of contact.

- 2.13 Provide classrooms and other facilities to teach the Courses that are safe, conducive to learning and meet the minimum space requirements as set forth in the Instructor Materials. The AP shall allow the Chapter Representative or a designee to inspect the AP's real and personal property used to teach the Courses and to perform random observations of the instructors during the provision of Courses.
- 2.14 Submit any literature or materials using the name and/or emblem of the American Red Cross to the Chapter for written approval before printing or distribution of such literature or materials.
- 2.15 Encourage its instructors to provide volunteer services for the American Red Cross.

3.0 Chapter Fees:

The Chapter reserves the right to change the fees contained in <u>Appendix A</u> at its sole discretion. The Chapter will notify the AP a minimum of 30 days prior to the effective date of any such fee changes. As part of this notice, the Chapter will provide the AP with a new <u>Appendix A</u>. If the AP does not agree to the fee changes, it has the right to terminate the Agreement pursuant to <u>Section 5</u>. Changes to <u>Appendix A</u> will not effect any other provisions contained within this Agreement.

4.0 Jurisdiction of Agreement:

This Agreement is limited to the geographical jurisdiction of the American Red Cross Chapter(s) and at the locations set forth below:

Geographical Jurisdiction (County, City, State)
West River, South Dakota

5.0 Term and Termination:

- 5.1 This Agreement shall commence on the effective date with automatic one-year renewals thereafter on the anniversary of the commencement date, unless either Party gives written notice to the other of its desire not to renew at least 30 days prior to the commencement of any renewal period, or unless otherwise terminated sooner in accordance with Paragraph 5.2 of this Agreement (the "Term").
- 5.2 At any time, either Party may terminate this Agreement with thirty (30) days written notice to the non-terminating Party.
- 5.3 Upon termination of this Agreement, the obligations of both Parties, including, but not limited to the provision of payment, shall remain in effect until all scheduled Courses are completed.
- 5.4 In the event of any termination of this Agreement, the Parties are still obligated and committed to follow the provisions of Sections 6, 7, 8, 12 and this Paragraph 5.4 indefinitely.

6.0 Limitation of Liability:

Notwithstanding anything in this Agreement to the contrary, neither Party shall be liable to the other for any loss or damage arising as a result of breach, non-performance or partial performance of its obligations under this Agreement due to any cause beyond that Party's reasonable control and without its fault or negligence.

7.0 Notices:

All notices to include appendices that each Party is required to give to the other Party shall be given to each of the Parties in writing to the names and addressees as follows:

If to the Chapter:

Chapter Name:

Black Hills Chapter

Address:

1221 North Maple Avenue, Rapid City, South Dakota, 57701

Attn:

Russ Korzeniewski, Director of Programs and Services

Phone Number: Fax Number:

605-342-4010

E-mail Address:

605-342-2161 rkorzarc@rushmore.com

If to the AP:

AP Name:

Address:

Attn:

Phone Number:

Fax Number:

E-mail Address:

Notice of termination of this Agreement by either Party must be delivered by certified U.S. First-Class Mail, return receipt requested.

8.0 Confidentiality and Trade Names:

- 8.1 Except as otherwise provided herein, each Party shall maintain the confidentiality of all provisions of this Agreement. Without the prior written consent of the other Party, neither Party shall make any press release or other public announcement of, or otherwise disclose, this Agreement or any of its provisions to any third Party except for such disclosures as may be required by applicable law or regulation, in which case the disclosing Party shall provide the other Party with prompt advance notice of such disclosure so the other Party has the opportunity, if it so desires, to seek a protective order or other appropriate remedy.
- 8.2 Each Party recognizes that the name, logo and marks of the other Party represent valuable assets of that Party and that substantial recognition and goodwill are associated with such assets. Each Party hereby agrees that neither it nor any of its affiliates shall use the other Party's name, logo or marks without prior written authorization from such other Party.
- 8.3 This Agreement grants no rights in any of the American Red Cross or Chapter's Courses or Course Materials or other intellectual property to customer.

9.0 Entire Agreement and Amendments:

- 9.1 Concerning the subject matter hereof, this Agreement constitutes the entire Agreement between the Parties and supersedes all prior Agreements and undertakings, both written and oral, between the Parties.
- 9.2 This Agreement shall not be amended or otherwise modified unless both of the Parties affirmatively and unanimously agree to such amendment and/or modification in writing.

10.0 Severability:

In the event any provision of this Agreement is held invalid, illegal or unenforceable (any such provision, an "Invalid Provision") in any jurisdiction, the Parties shall promptly negotiate in good faith a lawful, valid and enforceable provision. This new provision must be as similar in terms to the invalid provision as may be possible in order to keep with the intention of the original Agreement.

11.0 Exculpatory Clause:

It is understood and agreed that wherever in this Agreement the term "Chapter" is used it shall mean the Chapter(s) of The American National Red Cross set forth in Section 4; that said Chapter(s) are duly constituted local unit of The American National Red Cross, a federal instrumentality (36 U.S. Code 1 et seq.); and that all obligations of the "Chapter" under this Agreement shall be undertaken and completed exclusively by said Chapter(s) without resort in any event to, or commitment of, the funds and property of the American National Red Cross or any unit thereof other than the Chapter(s).

12.0 Independent Contractors:

Each of the Parties shall be furnishing its services hereunder as an independent contractor, and nothing herein shall create any association, partnership or joint venture between the Parties or an employer-employee relationship. No agent, employee or servant of either Party shall be, or shall be deemed to be, the employee, agent or servant of the other Party, and each Party shall be solely and entirely responsible for its acts and the acts of its agents, employees and servants.

13.0 Assignment and Subcontracting:

This Agreement shall not be assigned in whole or in part and no Party shall delegate or subcontract all or part of its duties under this Agreement without the prior written consent of the other Party.

IN WITNESS WHEREOF, the Parties hereto, acting through their duly authorized officers, have executed this Agreement as of the Effective Date.

CHAPTER

REPRESENTATIVE

AUTHORIZED PROVIDER REPRESENTATIVE

SIGNATURE:

DATE:

PRINTED NAME: Russ Korzeniewski

TITLE: Director of Programs and Services

PHONE NUMBER: 605-342-4010 FAX NUMBER: 605-342-2161

E-MAIL: rkorzarc@rushmore.com